4. Storch's comments on Nissl's paper are, as Nissl declares in his reply, "polemical." It is facetious and not of serious value.

PICKETT (Philadelphia).

Monatsschrift für Psychiatrie und Neurologie.

(1902. March, Vol. 11, No. 3.)

1. Further Contribution to the Study of Cerebral Syphilis of the Præcox and Malignant Variety. GIOVANNI MINGAZZINI.
2. The Neuro-fibrillæ in Nerve Cells and Nerve Fibers of the Retina. HEINRICH VOGT.
3. Pathological Anatomy of Paralytic Dementia. THEODORE KÄS.
4. Degeneration of Perception. OTTO GROSS.
5. Experiment of Psycho-physiological Representation of Sense Perception. STORCH.

1. *Further Contribution to the Study of Cerebral Syphilis of the Praecox and Malignant Variety.*—Mingazzini reports 4 cases of cerebral syphilis, one of the præcox variety and 3 of malignant or rapid course. The author believes the autopsy findings show that such cases have fairly constant lesions not found in ordinary syphilis, namely, multiple softenings and hemorrhages in different portions of the brain. From a clinical standpoint the malignancy is materially increased by such infections as scrofula, tuberculosis, malaria and scorbutus. Although most authors hold that the malignant course of syphilis is induced by alcoholic excesses, in one of the author's own cases alcohol and all other secondary infections could be absolutely ruled out. Anti-syphilitic treatment is especially inefficacious in malignant (cerebral) syphilis. Luetics should be warned against the use of alcohol and avoid mental and physical overstrain.

2. *The Neuro-fibrillae in Nerve Cells and Nerve Fibers of the Retina.*—Vogt studied the ganglion cells of the retina in a number of vertebrates, including man, by methylene blue, Holmgren's and Bethe's method. In all his preparations the author found a fibrillary network in the cell, its process an axis cylinder, however the findings were best shown by Bethe's method. The fibers were mostly arranged in definite bundles. The intracellular ramifications of the fibrillæ were exceedingly complex in cells possessing the greatest number of dendrites. In addition to the fibers which passed through the cell to enter a process on the opposite side bundles were often observed broken up at the periphery entrance, some fibers of which entered the adjacent dendrites. Occasionally nerve fibers were found anastomosing with each other without the agency of a cell body (dynamical polaritate). The central cell nucleus was always surrounded by a free non-fibrillary space. Here and there ganglion cells showed bundles which contained fibers arranged rope-like or a large number twining around one or two fibrillæ tendril like. The brain of the calf presents a similar picture in different sections and with different stains. Cell anastomosis was not found in man because of poor specimens. Ganglion cells of the horse showed the best anastomosis. Specimens showed no anastomosis between processes of the same cell. Many axis-cylinders terminated in an actual formation of pericellular network which was in direct continuity with the intracellular network. The author concludes from his extensive studies that a neuro-fibrillary structure of nerve cells and their processes, as well as their continuity, is abundantly proven. Microphotographs and plate drawings accompany the text.

3. *Pathological Anatomy of Paralytic Dementia.*—Abstract to be given at completion of the article.

4. *Degeneration of Perception.*—Gross presents an hypothesis for the explanation of certain mental phenomena seen in the insanities. If the nervous elements show an abnormal tendency to exhaustion the faculty of perception suffers; the individual "fails to grasp the subject" and an intrusion of varied ideas occurs and incoherence results. If added to the foregoing an abnormal excitability remains after exhaustion, a new series of associated perceptions are easily induced, and the clinical picture of mania obtains. On the other hand, melancholia is the result of extreme exhaustion, but with the absence of excitability. A genius shows an absence of fatigue with a lively associative excitability, consequently the sequence of a given series of perception is not broken.

5. *Experiment of Psycho-physiological Representation of Sense Perception.*—Abstract to be given at the completion of the article.

L. P. Clark (New York).

Allgemeine Zeitschrift f. Psychiatrie.

(1902. April, Vol. 59, No. 1.).

1. Mental Diseases in the Army. Ewald Stier.
2. The Etiology of Mental Diseases Based on Chronic Alcoholism. Luther.
3. The Bed-treatment of Chronic Psychoses. Adolf Würth.
4. Contribution to the Differential Diagnosis of Hysteria and Katatonia. Kaiser.
5. The Comparison of the Cerebral Spinal Fluid in Paralytic Dementia and Other Forms of Dementia. Schaefer.
6. A Decision of Responsibility. H. Kornfeld.
7. Notes on the Construction of Tropical Asylums. P. C. J. Van Brero.

1. *Mental Diseases in the Army.*—In the army statistics there is no tabes or paresis in officers without a luetic history. However, alcohol and trauma precipitate tabes and general paresis very frequently. Hysteria in men is quite common in the armies of middle European countries. In the German army during 1870-71, the traumatic psychoses, which include the epilepsies, was 13 in 100. Army statistics on mental diseases during peace or war are very poor. Better information is hoped for in the future, as an examination on mental diseases is now required of all military physicians on the German army.

2. *The Etiology of Mental Diseases Based on Chronic Alcoholism.*—Luther reports 8 cases of mental diseases developing on a background of delirium tremens. He holds the prognosis in such to be favorable for recovery from the single attack, but relapses are frequent on account of the neuropathic basis generally present. He also reports the histories of 18 cases of alcoholism occurring in the feeble-minded, in which the prognosis was very bad. More or less complete mental degeneration followed rapidly.

3. *The Bed-treatment of Chronic Psychoses.*—As the results of six months' bed treatment of 100 cases of mental diseases the author concludes that the patients in the chronic mania wards were much quieter, and destruction and violence were much less frequent. The necessity of isolation, narcotics and physical restraint was lessened. There were no changes in the body weight of the bed patients. Their general care was made easier and better.